

# Instructions to the Additional Data Statement Form

## General Instructions

Complete the information for business in the state of Washington. Fill in the reporting year, company name, and NAIC number. If the company name, NAIC company code or year is omitted or incorrect, the report is incomplete and considered un-filed.

Companies must report in actual dollars; rounding to thousands or millions is not acceptable.

**Report the State Children's Health Insurance Program in the column the NAIC Quarterly and Annual Statement Instructions require (which is Comprehensive for 2005).**

## Analysis of Washington Operations by Lines of Business

This page uses the Analysis of Operations by Lines of Business (Gain and Loss Exhibit) for its design. For companies operating solely in Washington, the figures will be identical to those on the Analysis of Operations by Lines of Business in the annual statement. Such companies have an option to not fill in this page and mark the check box in the upper-left corner of the Form.

## Analysis of the Washington Comprehensive Line

Page two separates the Washington Comprehensive (Hospital and Medical) column into further detail lines of business. Column 1 of this schedule will be identical to the figures in the Analysis of Washington Operations by Lines of Business, column 2, and, if operating solely in Washington, it will be identical to column 2 of the Analysis of Operations by Lines of Business.

*Small Group* is defined in RCW 48.43.005.

## Group Enrollment and Utilization in Washington

The third page of the Form separates the Group Comprehensive (Hospital and Medical) column of the Exhibit of Premiums, Enrollment and Utilization for Washington ("Washington State Page"). The total figures in Column 1 of the Form must be identical those in column 3 of the Washington State Page.

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## Indemnity Deposit Calculation

**Note:** The annual statement cross-references presume a company operates solely in Washington.

### Health Care Service Contractor:

1.) Line B1, column 1 is the sum of line 9, column 3 and column 4 of Part 2B—Analysis of Claims Unpaid. Then, separate the total amount from column 1 into columns 2 (Service Benefits) and 3 (Non-Service Benefits). Input the Non-Service Benefits figure only; the form will automatically calculate the difference for the Service Benefits figure.

2.) Line B2 automatically calculates the percentage distribution of columns 2 (Service Benefits) and 3 (Non-Service Benefits) to line B1, column 1. In the absence of a better basis, the percentage distribution may be based upon the percentage of claims paid during the reporting year to participating providers, as defined by RCW 48.44.010(4). Non-Service Benefits (Uncovered Expenditures, as defined in RCW 48.44.010(7)), refers to the HCSC's

liability for services rendered by providers who are not participating providers.

3.) For line B3, HCSCs should estimate the increase or decrease of claims for the ensuing year due to enrollment, utilization, inflation, rate increases, etc.

4.) Input the Aggregate Health Policy Reserves (Liabilities, Capital and Surplus, line 4, column 3) into line B5, column 1. The form will automatically multiply that amount by the expected experience for Non-Service Benefits percentage.

5.) Input Premiums Received in Advance (Liabilities, Capital and Surplus, line 8, column 3) into line B6, column 1. The form will automatically multiply by this figure by the expected experience for Non-Service Benefits percentage.

### Limited Health Care Service Contractor:

#### Certificate held more than three years:

1.) Line C1 (Uncovered Expenditures) is the same figure as Total Medical and Medical Expenses (Statement of Revenue and Expenses, line 18, column 1).

2.) For line C2, companies should estimate the increase or decrease of claims for the ensuing year due to enrollment, utilization, inflation, rate increases, etc.

3.) Line C6 is the same figure as Liabilities, Capital and Surplus, line 4, column 3 (Aggregate Health Policy Reserves).

4.) Line C7 is the same figure as Liabilities, Capital and Surplus, line 8, column 3 (Premiums Received in Advance).

#### Certificate held for LESS than three years:

For line D4, state the full legal name and NAIC company code of the insurance company providing the insurance or guarantee.